AG Office use ONLY:	
Date TC-1 sent	

State of Nevada Potential Liability Incident Report

INSTRUCTIONS:

Agency should use this form to report potential liability claims against the State.

☑ Original of this "Incident Report" should be sent <u>ASAP</u> to:

Claims Manager, Office of the Attorney General, 100 North Carson Street, Carson City NV 89701-4717

If an individual wishes to make a formal claim against the State, the individual should notify the Office of the Attorney General at TEL: 775/684-1263; FAX. 775/684-1275. The Attorney General's Office will send the appropriate form to the injured/damaged party.

PLEASE NOTE: <u>Do not</u> use this form to report injuries of State employees;

a Worker's Compensation injury report must be filed in those instances.

Please type or print clearly

Name of Inured/Damage	d Party:	
Mailing Address:		
Telephone No	Date of Incident: _	Time:
Location where incident of	occurred (include street address): _	
Department:	Division:	Budget Account:
Contact Person:	Title:	Telephone No.:
Form completed by:		Date: